

# The Health Performance Council

Review of Country Health Advisory  
Councils' Governance Arrangements

December 2011

Health Performance Council



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of South Australia

Health Performance Council

The Health Performance Council Review of Country Health Advisory Councils'  
Governance Arrangements

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- > Robert Farrelly
- > Brian Clarke
- > Christine Wakelin
- > Kathleen Gregurke.

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Thanks also go to the HPC Secretariat for its highly professional and dedicated work and outstanding support to the Council.

The Health Performance Council members have confirmed their commitment to this report as follows:

*Signed for and on behalf of the HPC by*



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Chair

31/12/2014

*Signed for and on behalf of the HPC by*



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*Signed for and on behalf of the HPC by*



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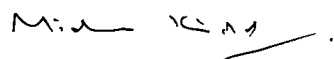
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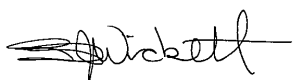


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# Review Terms of Reference

The Health Performance Council's review of the governance arrangements between Country Health SA (CHSA) and the Health Advisory Councils (HACs) was undertaken in accordance with its mandate under the *Health Care Act 2008*. Part 11, Section 101 of the Act, specifies that:<sup>1</sup>

- (1) HPC must, within a reasonable time after the third anniversary of the commencement of this Act, furnish to the Minister a report on the operations, over the three year period from the commencement of this Act, of the HACs established in relation to any incorporated hospital or hospitals established to provide services in the country areas of the State.
- (2) The report must –
  - (a) review the effectiveness of the relevant HACs in promoting the interests of local communities; and
  - (b) review the level of satisfaction with the governance arrangements between the relevant HACs and any relevant hospital from the perspective of the members of the HACs, the local community, and the hospital; and
  - (c) identify any other significant issues relating to the operations of the HACs considered relevant by HPC.
- (3) The Minister must, within 12 sitting days after receipt of a report under this section, cause a copy of the report to be laid before both houses of Parliament.
- (4) The Minister must, within six months after the receipt of a report under this section, cause a formal response to the report to be laid before both Houses of Parliament.

*Note:*

\* *The HPC and the Minister set 31 December 2011 as the date for the submission of this report.*



# Executive Summary

The Review of Country Health Advisory Councils' Governance Arrangements is the Health Performance Council (HPC) report to the South Australian Minister for Health and Parliament on its review into country Health Advisory Councils.

Under the *Health Care Act 2008*, the South Australian Government established 41 Health Advisory Councils (HACs) to provide local community advice on the diverse health service needs of the 408 498 people living in country South Australia (2006 ABS Census).<sup>1, 2</sup>

The Act required the HPC to review the country HACs in 2011 and to provide a written report to the Minister for Health on their effectiveness.

The HPC established consultative processes to obtain the views of local community representatives, past and present HAC members and health service personnel in country communities.

An advisory committee comprising members from the HPC, HACs and Country Health SA (CHSA) representatives provided advice throughout the review process.

The HPC contracted consultants PricewaterhouseCoopers to undertake an independent survey of HAC members, local community members and the local health services workforce. In total 269 people (53% response rate) responded to the survey and provided useful information from which the key findings of this report were developed.

The HPC also held country HAC forums before and after the survey to inform the design process and validate the survey findings.

The review report does not identify individual country HACs, community members or local health services. It highlights and comments on the themes revealed from analysis of the information obtained from survey and HAC Forum participants, targeted interviews and relevant documentation.

## Key Findings

The review results were highly informative as they provided insight concerning the relationships between HACs, local communities, local health services, the Board HAC and CHSA.

The HPC is of the view that successful change occurs when those involved: (a) share a clear vision on the change required, (b) have capacity to act on actionable first steps, (c) model the way to others, (d) reinforce and solidify the change, and (e) commit to evaluate and improve.

The review identified some examples of sound working relationships between HACs, local communities and local health services. Within these relationships local health needs were identified, advice provided, and relevant collaborative projects undertaken to improve the health system infrastructure and health care processes.

However within a significant number of the relationships between HACs, local communities and health services, the review found that the ingredients for successful change were not evident, lacked effective implementation, or were still under development, despite these relationships operating for three years.

HACs stated they were unclear about the role of the Board HAC and that the communication processes between HACs, the Board HAC, the HAC Focus Group and CHSA lacked clarity.

Survey responses from community, HAC members and local health service staff indicated low satisfaction levels with the effectiveness of existing HAC governance arrangements. In particular, there were significant negative responses about the communication and decision-making processes of CHSA.

Country communities have a long history of support and advocacy for their local health services, but it appeared that there was limited local community knowledge about the activities and purpose of the HACs.

Overall the HPC's review found:

1. Country HACs are promoting the general interests of local communities to the health system, although promotion of the interests of specific population groups is limited.
2. Country HACs have a low profile in the community and their efforts are not well supported or promoted by the health system.
3. The level of satisfaction with the governance arrangements between country HACs and the local health system from the perspective of community members, HACs and local health service staff is low.
4. The quality of communication and collaboration processes between country HACs and the health system is variable across South Australian country communities.

The review report concludes with suggestions for strengthening country HACs as a critical and significant community engagement mechanism of the health system with local country communities.

# Introduction

## Background to the establishment and role of HACs in Country SA Health Services

South Australia's Health Care Plan 2007–2016 included a commitment from the South Australian Government to develop a plan for country health services to improve the provision of and access to health services for country residents.<sup>3</sup>

The *Strategy for Planning Country Health Services in South Australia* (December 2008), was developed following extensive consultation with rural and regional residents and health professionals, and established a process for local health service planning between CHSA and the local HACs.<sup>4</sup>

CHSA operates through a network of 65 country hospitals and health centres located within 12 cluster regions that focus on planning and delivering health services in the South Australian country region in consultation with the 41 HACs.

In country areas, HACs are based geographically to ensure a continuing strong link between communities and their health services. HACs comprise representatives from the local communities and local health services. HACs in country South Australia may be incorporated or non-incorporated.

The Country Health SA Board Health Advisory Council (known as The Country Health SA Local Health Network Board Health Advisory Council from 1 July, 2011) works with CHSA to plan health services for the people of rural and remote South Australia. The Board holds assets on behalf of non-incorporated HACs.

## Role of HAC in Country SA Health Services

The Act states the role of a HAC may include one or more of the following:<sup>1</sup>

- > Act as an advocate to promote the interests of the community, or a section of the community
- > Provide advice about any aspect of the provision of health services from the perspective of consumers of those services and of carers and volunteers or the community more generally
- > Provide advice about relevant health issues, goals, priorities, plans and other strategic initiatives of the local health service
- > Provide advice or assistance in undertaking the development or implementation of systems or mechanisms designed to support the delivery of health services or programs
- > Provide information to, and to consult broadly with, the consumers of any relevant services, any relevant carers or volunteers, and the community more generally
- > Encourage community participation in programs associated with supporting the provision of health services, and to promote the importance of carers and volunteers in assisting in achieving successful outcomes
- > Consult with other bodies that are interested in the provision of health services within the community
- > Provide advice to the Minister about any matter referred to it by the Minister or the Chief Executive
- > Participate in the consultation or assessment processes associated with the selection of senior staff of a relevant entity.

In the case of a HAC that is incorporated:

- (i) act as a trustee or to assume other fiduciary functions or duties
- (ii) participate in budget discussions and financial management or development processes
- (iii) undertake fund-raising activities.

In the case of a HAC that is not incorporated:

- (i) provide advice in relation to the management of resources available for relevant health services
- (ii) provide assistance with fund-raising activities in accordance with its rules.

The HAC can also undertake other functions, assigned to it under legislation or by the Minister or adopted by the HAC with the approval of the Minister. The Minister is responsible for determining the constitution of incorporated HACs and the rules under which unincorporated HACs operate.<sup>5, 6</sup>

## Definitions

The HPC agreed to the following definitions of terms used in the review scope:

*Effectiveness – The extent to which country HACs are capable of and have promoted the health service needs of the local communities.*

*Promoting the Interests of the Local Communities – The extent to which country HACs have informed the local health service/hospital of the health service needs of the people living in their communities.*

*Satisfaction – The extent to which the governance arrangements between the HACs and relevant local health services/hospitals meet the expectations of HAC members, involved health services/hospitals staff and the community they serve.*

*Governance Arrangements – The structures and processes used by local HACs and local health services/hospitals to work together in their respective roles.*

## Review Methodology

The HPC established consultative processes to obtain the views of local community representatives, past and present HAC members and health service personnel in country communities. This process began with an introductory discussion, held in September 2010, between representatives from the 41 country HACs, CHSA and HPC to clarify the scope of the review.

The review formally commenced in February 2011, with the creation of an advisory committee comprising members from the HPC, HAC and CHSA representatives. The advisory committee provided valuable advice throughout the review process including recommendations on suitable survey questions and identification of key stakeholders groups. The committee recommended the HPC use a combination of questionnaires and phone interviews as the most suitable stakeholder engagement tools.

The HPC contracted consultants PricewaterhouseCoopers (PwC) to undertake the independent survey of HAC members, local community members and local health services workforce. This survey targeted people who interact with country HACs and health services. The survey was sent to:

- > 352 local community members, of which 187 (53%) responded (Figure B)
- > 41 HACs, of which 35 (85%) responded, plus six individual responses
- > 119 Country Health staff, of which 41 (34%) responded (Figure C).

In total 269 people (53% response rate) from country communities responded to the survey and provided useful information from which the key findings of this report were developed (Figure A).

The survey included Aboriginal people, youth and people from culturally and linguistically diverse populations. To identify the specific community representatives, the HPC sought assistance from local health services and HACs. They were asked to nominate individuals whom they considered had an understanding of the health service needs of local communities. PwC conducted the independent survey process during June-July 2011, with the results provided to the HPC in August 2011.

Draft findings were developed following analysis of information provided from survey results, targeted phone interviews with HAC presiding members and relevant documentation, for example, HAC Annual Reports and the draft 10-Year Local Health Service Plans and reports on the effectiveness of similar bodies from other states/territories.<sup>7, 8, 9, 10</sup>

The HPC held a meeting with representatives from all country HACs and CHSA to ensure validity of review results and finalise findings before the report was completed.

The final report was submitted to the Minister of Health in December 2011. The report will be available to the public on the HPC's web site after it has been tabled in Parliament.

## Survey Questionnaires

PwC produced one survey questionnaire for HACs and health service representatives and another shorter version for the community representatives. The surveys were designed to be as similar as possible to enable comparison between the responses of the HACs, health service and community representatives.

In total, 269 people out of 512 (53% response rate) from country communities responded to the survey (Figure A). They provided useful information from which the key findings of this report were developed.

PwC advised that in general, as the number of research surveys conducted for community views has increased over time, response rates tended to decline, so the HPC was pleased to see very strong response rates from the community and the HACs. The response rates from the health services were within contemporary standard response rates.

The strong response rate resulted from significant activities undertaken by the HPC and PwC to increase response rates. They included:

- > Negotiated response timeframes – six weeks for surveys to be completed
- > Assurances about confidentiality of individual responses
- > Fact sheets and multiple response methods (verbal, internet, hard copy)
- > Reminders – email and where relevant, phone reminders sent midway.

**Figure A Survey sample response rates**

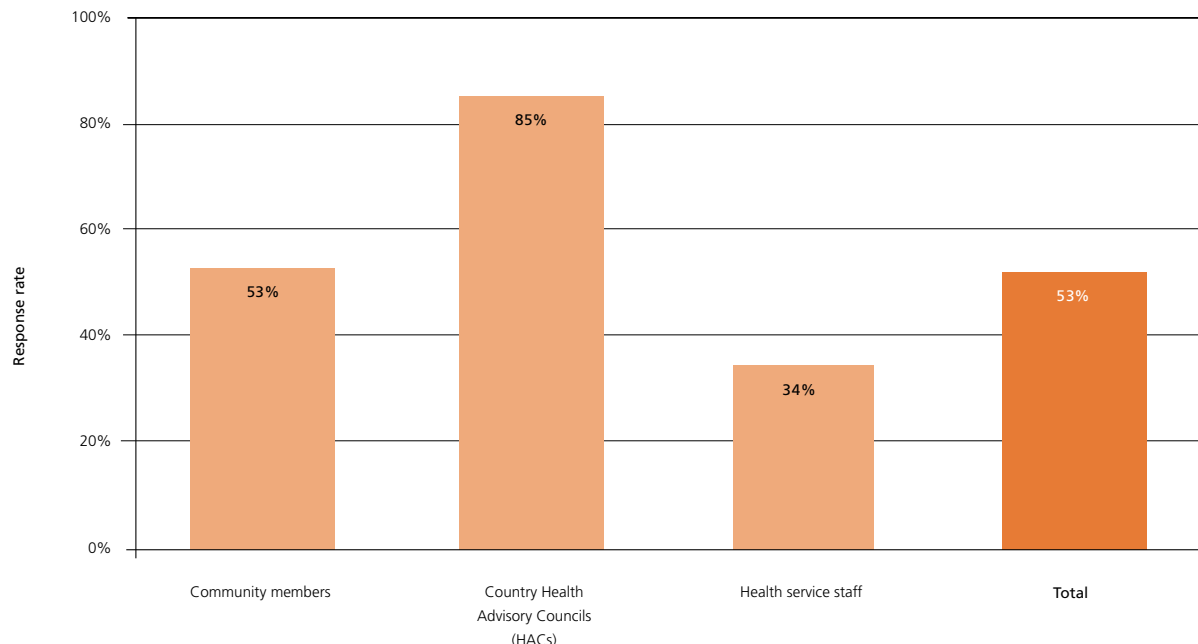


Figure B Stakeholder survey representation – Community members

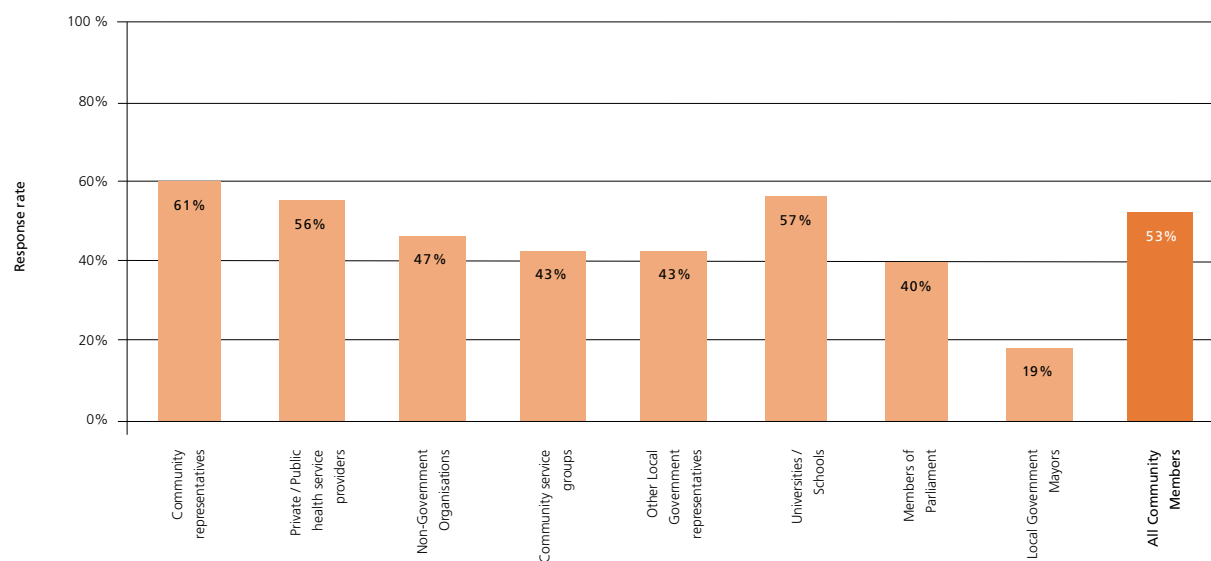
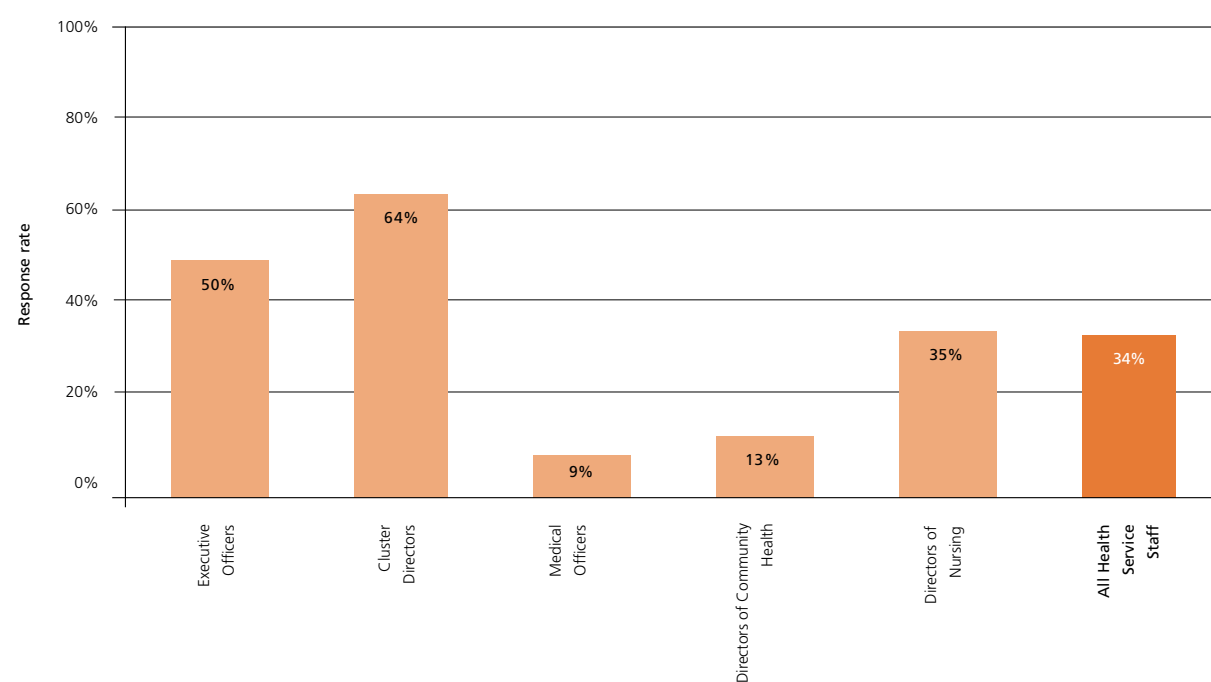


Figure C Stakeholder survey representation – Health service staff



## Review Limitations

The review focused on the primary role of HACs to act as an advocate to promote the interests of the community. It did not review the effectiveness of other HAC functions, that is:

- > Fundraising for local health services
- > Participation in the selection of senior staff of a relevant entity
- > Encouraging community participation in programs supporting the provision of health services.

The HPC considered that its review provided a strong overview of stakeholders' perspectives of the effectiveness of, and satisfaction with, country HACs. However, it should be noted that, like all research, this survey was subject to limitations.

They include:

- > The HPC did not review the individual processes that exist between each of the 41 HACs and their respective health services or their relationship with the Country Health SA Local Health Network Board Health Advisory Council
- > The respondents from the community were nominated by Health Services and HACs and were not a statistically representative sample of the population. While this results in more informed responses, it should be understood there may be a broader range of views in the community
- > The survey's open questions suggested a higher level of negativity than the statistical results indicated. PwC suggested this is likely to have resulted from the tendency in surveys that fewer people take the time to give positive feedback than those who give negative feedback.

## Report Structure

This report is organised around the key findings of the review, each detailed in a separate chapter. Each chapter begins with a description of the aspects under review and concludes with the HPC's findings and discussion. Finally, this report outlines the HPC's conclusions and suggestions on what aspects of the governance arrangements require consideration by HACs and the SA Health system.





# Chapter 1: Effectiveness of Health Advisory Councils

## How effective are HACs in promoting the interests of local communities?

The HACs were established to discuss health issues, priorities and needs within their communities and advocate on behalf of the community with CHSA.

Since 2008, HACs and local health services have been working together on the development of local health service plans as a major priority. These draft plans were completed and submitted to CHSA in mid-2010. HACs have also been involved in other activities, for example, fundraising for local projects, health facilities planning, executive recruitment processes and local community health promotion events.<sup>8</sup>

The HPC reviewed methods used by HACs to:

- > Obtain relevant community information and provide it to the local health services
- > Determine how effective these activities were from the perspective of the different stakeholders.

It found that:

1. Country Health Advisory Councils are promoting the general interests of local communities to the health system although promotion of the interests of specific population groups is limited.
2. Country Health Advisory Councils have a low profile in the community and their efforts are not well supported or promoted by the health system.

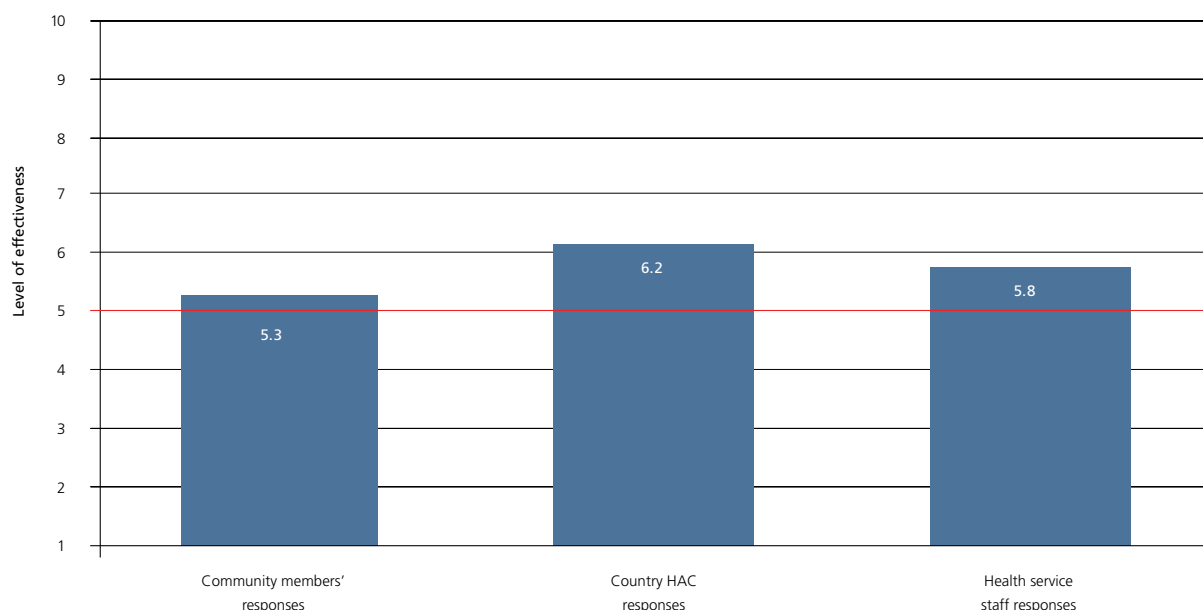
These findings were developed from information obtained from survey and HAC Forum participants, targeted interviews and review of relevant HAC documentation.<sup>7, 8</sup>

## Discussion

### Survey Results

Community members, HACs and health service staff were asked how effective they considered their HAC was in promoting the interests of the local community. Effectiveness was scored on a scale from one to 10, with one ranked as completely ineffective, and 10 completely effective. Scores were averaged to produce a summary result.

Of the community, HAC and health service groups surveyed, none rated the effectiveness of their HACs in promoting the interests of the local community particularly highly. HAC members rated the effectiveness of HACs the highest, and community members the lowest (Figure 1.1).

**Figure 1.1** How effective are HACs in promoting the interests of the local community?

The HPC is mindful that the period under consideration was at the beginning of a significant period of structural change throughout CHSA, and that this change is ongoing. Within this reform context, HACs have been working hard. Information made available to the HPC indicates that during 2008-2010 the country HACs worked closely with health services in the development of local health service plans.<sup>8</sup>

These plans detailed the health service needs, priorities and issues within each local health service area. In total, 33 draft plans were developed and all HACs produced a plan, or were part of joint plans. Local health services and CHSA invested significant resources into supporting the HACs' involvement in the local planning activity.

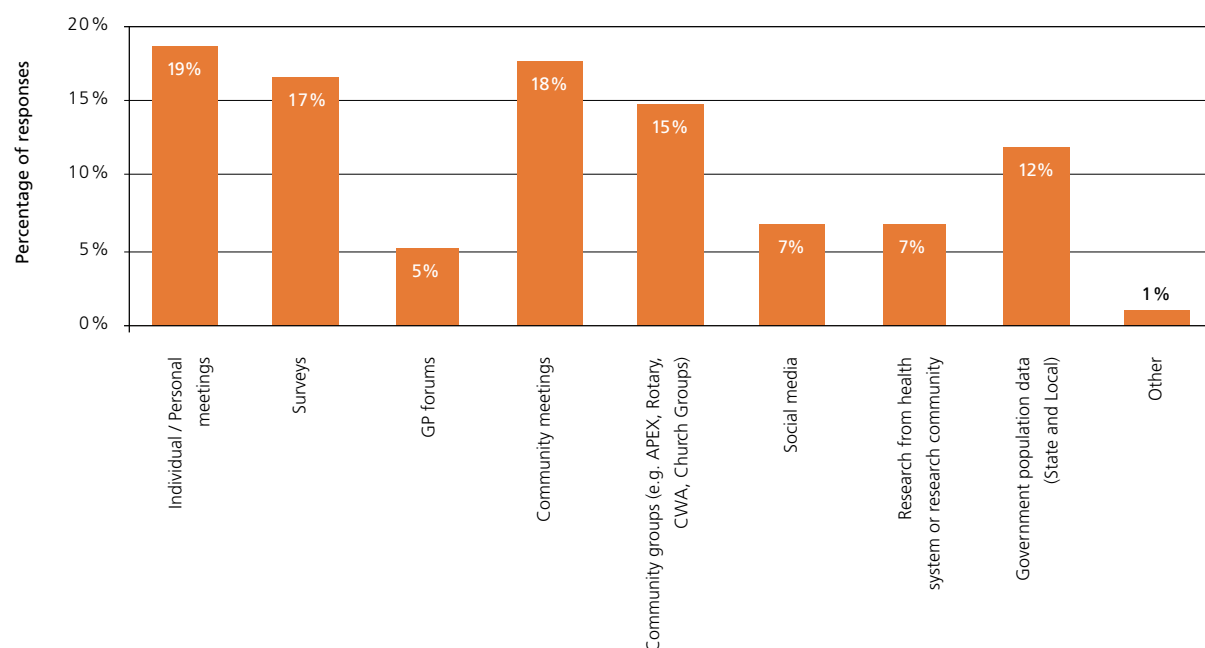
HACs were asked what actions had been taken to obtain information about health service needs of people living within the local community, and how effective they thought these actions were on a scale of one to 10.

These activities represent a major contribution of voluntary unpaid service by HAC members resulting in a valuable contribution to health service planning.

The most popular actions were meetings and the effectiveness of these actions was rated relatively highly (Figure 1.2).

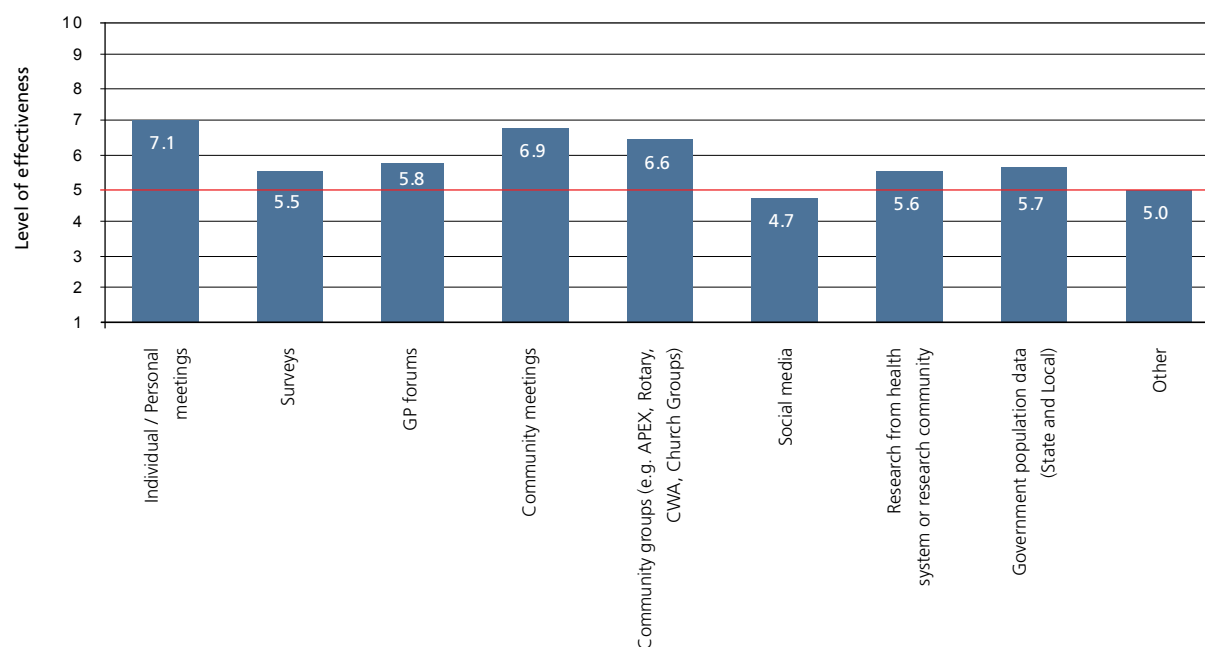
Although surveys were a popular method for obtaining information, it was rated as being somewhat ineffective. Conversely, GP forums were not utilised often as ways of obtaining information, but when they were the effectiveness of this action was relatively well regarded (Figure 1.3).

Figure 1.2 What actions has your HAC taken to obtain information about the health and health service needs of the local community?



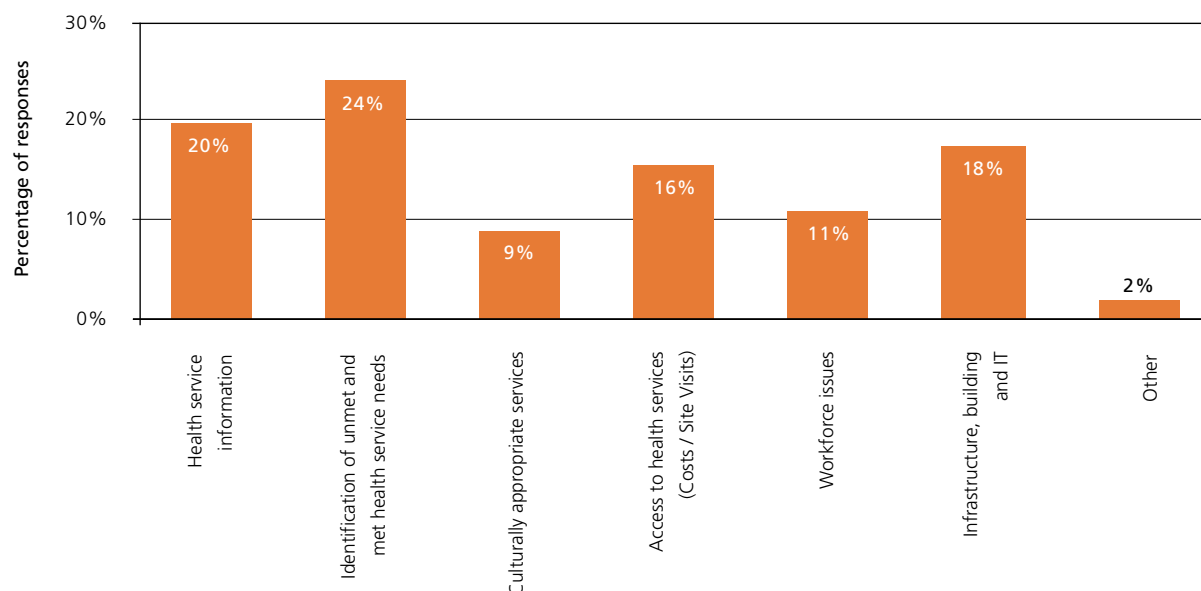
Note: Percentages do not add up to 100% due to rounding to the nearest whole figure.

Figure 1.3 How effective were the actions taken by your HAC to obtain information about the health and health service needs of the local community?



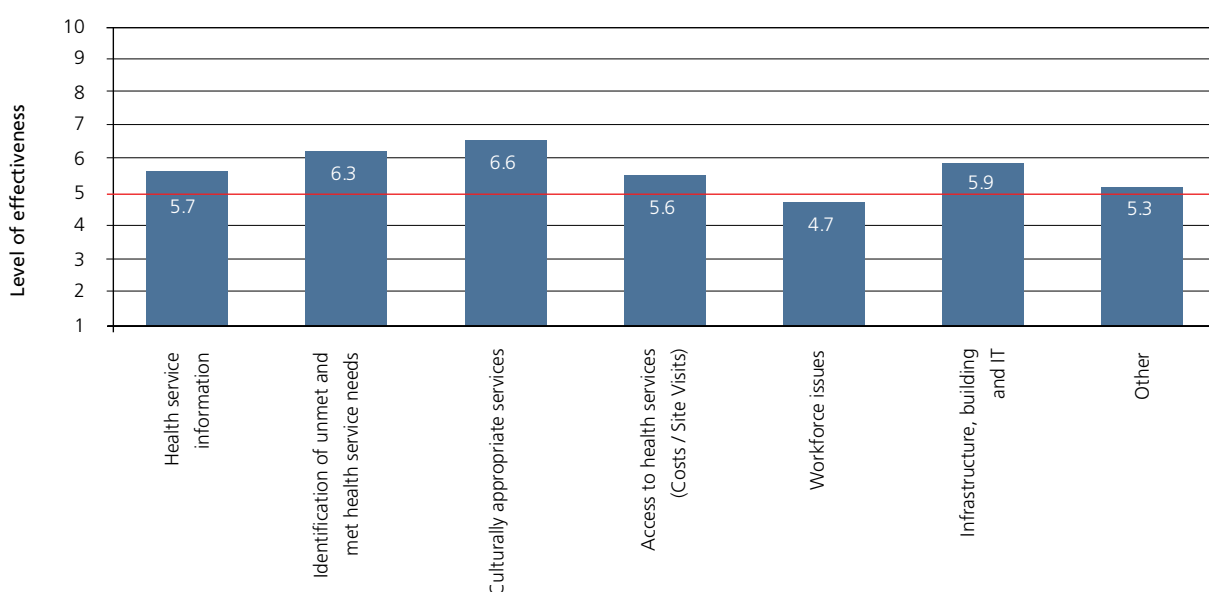
HACs were asked what information they had provided to the health service about the health service needs of their community, and how effective they thought this information was on a scale of one to 10. Advice HACs provided to the local health services covered a range of areas, as seen below in Figure 1.4. Information most commonly provided related to identification of met and unmet health service needs (24% of responses) and health service information (20%).

**Figure 1.4 HAC views – What information has the local HAC provided to the health service about the health service needs of the local community?**



HACs reported that information provided to the health system on met and unmet health service needs and culturally responsive services were effective in promoting the health needs of the local community. It appeared that while less advice/information on culturally appropriate services was provided by HACs to the health services, they perceived it to be effective in promoting the community's interests (Figure 1.5).

**Figure 1.5 HAC views – How effective was the information provided by the local HAC to the health service about the health service needs of the local community?**

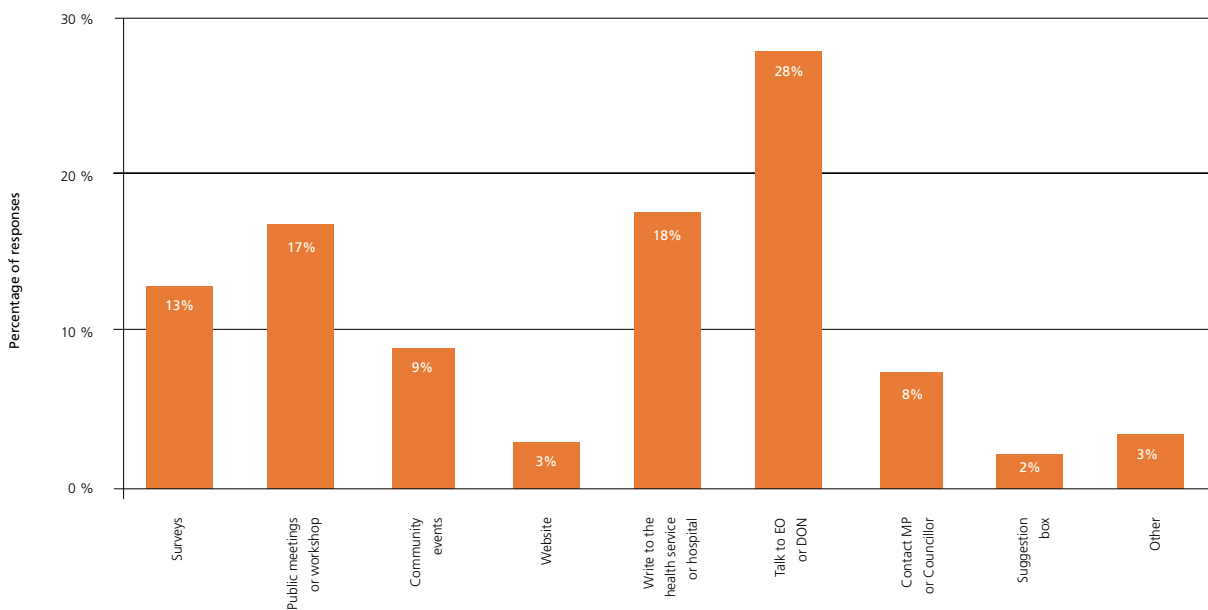


Community members were asked how they engaged with their hospital/health service about the health service needs of their community (Figure 1.6), and how satisfied they were with these processes on a scale of one to 10 (Figure 1.7). The most commonly used engagement process between community members and their service was talking directly to an Executive Officer (EO) or the Director of Nursing (DON) (28% of responses). Community members also rated this method the most satisfactory, with an average score of 7.1 out of 10.

Not many community members engaged via their local Member of Parliament or local government councillor about the health needs of their community (8% of responses), but when they did they found it relatively satisfactory (average score of 6.4 out of 10).

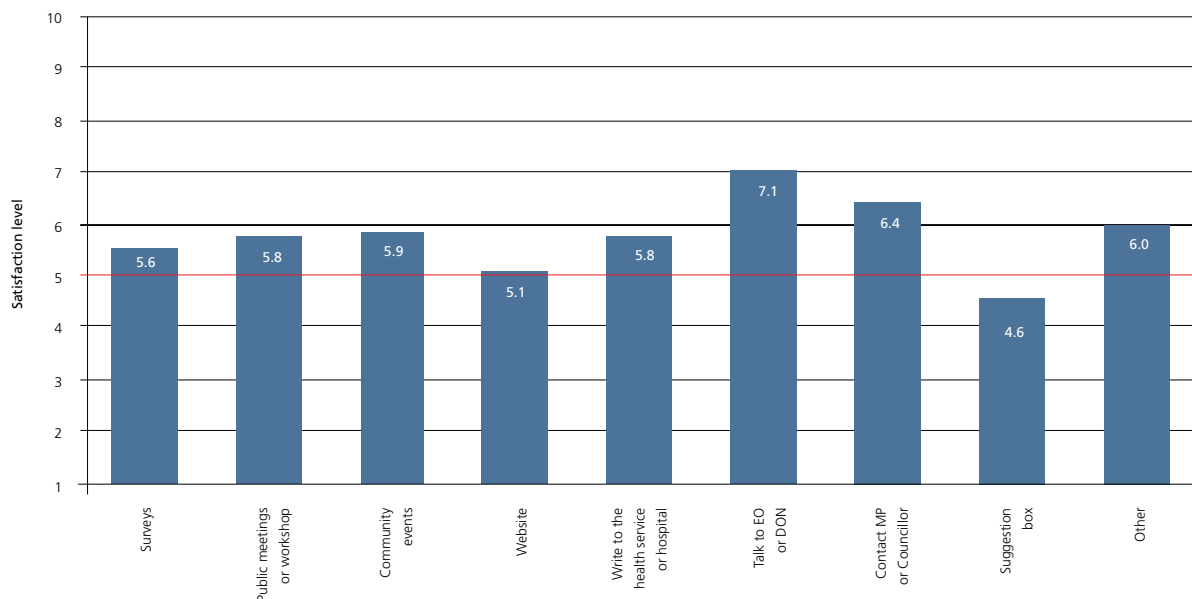
Health service web sites and suggestion boxes were not highly utilised by community members (3% and 2% of responses, respectively) and the level of satisfaction with these methods was rated average or below average (scores of 5.1 and 4.6 out of 10, respectively).

**Figure 1.6 How do community members engage with the health services/hospitals about the health needs of the community?**



*Note: Percentages do not add up to 100% due to rounding to the nearest whole figure.*

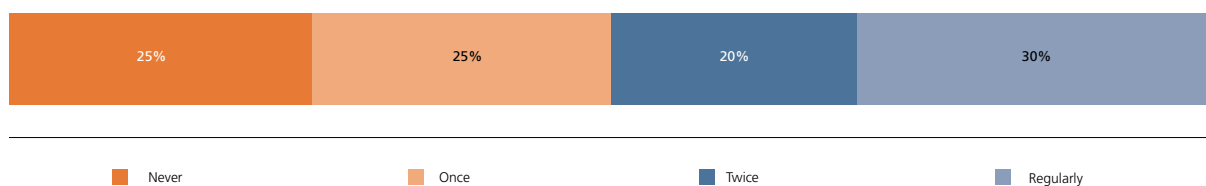
**Figure 1.7 How satisfied are community members with engagement processes with the health services/hospitals about the health needs of the community?**



Community members were also asked how they engaged with their HAC about the health service needs of their community, and how satisfied they were with these engagement processes. The most commonly utilised engagement process used between community members and their HAC was talking to individual HAC members (27% of responses). Community members also rated this method the most satisfactory, with an average score of 7.0 out of 10.

When community members were asked to what extent they had been engaged by the local HAC to determine the health needs of the community, three quarters said at least once. About one third said this engagement happens regularly (Figure 1.8).

**Figure 1.8 To what extent have community members been engaged by the local HAC to determine the health needs of the community?**

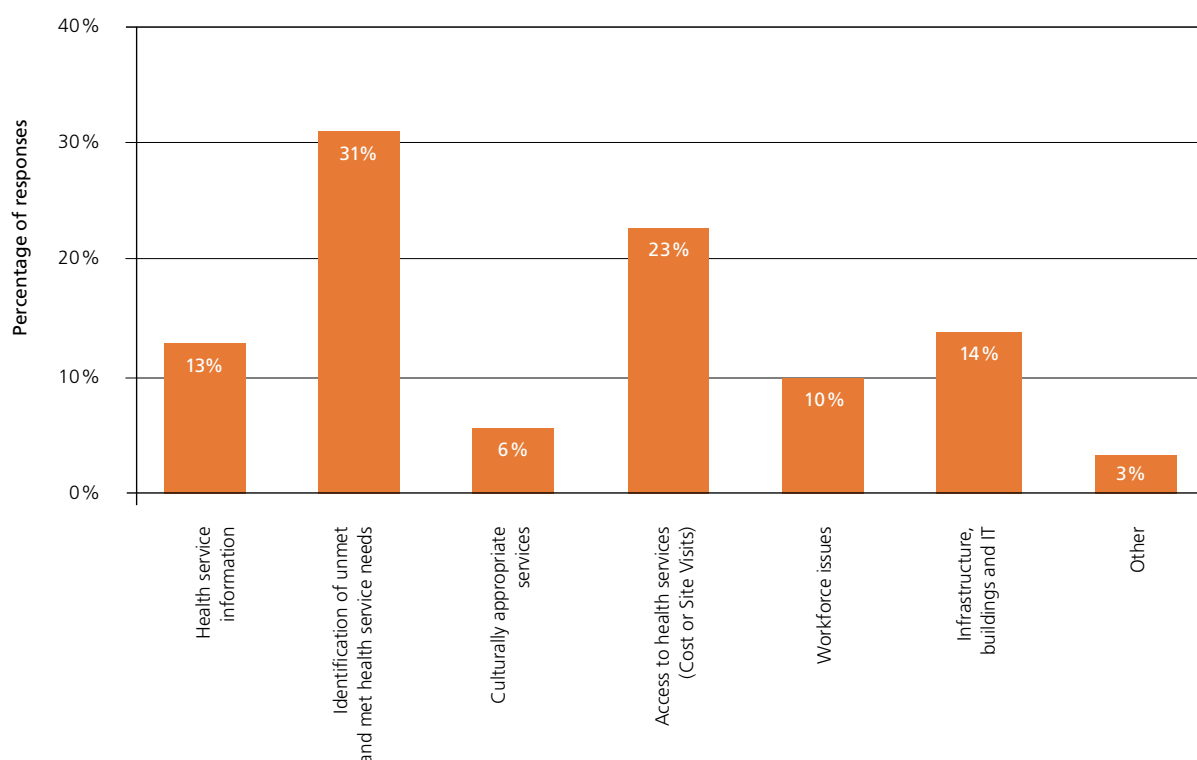


More than two thirds of community members said they had raised specific health issues and service needs with their local HAC (Figure 1.9).

**Figure 1.9 Did community members raise specific health issues and/or service needs with the local HAC?**



**Figure 1.10 If community members raised specific health issues and/or service needs with the local HAC, what were the areas of concern?**



The specific health issues and service needs that community members were most concerned with were the identification of met and unmet health service needs and access issues (Figure 1.10). Community members also indicated that infrastructure and health service information were important areas of concern.

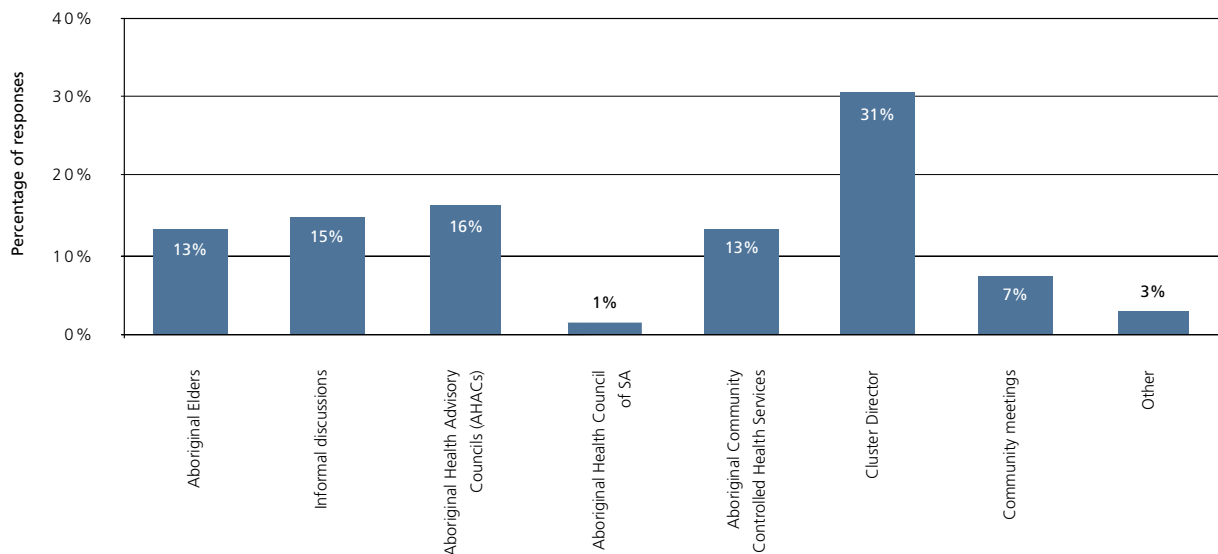
That said, a significantly large minority of community members were not aware if the issues they raised with their HAC had been addressed by the hospital/health service (Figure 1.11).

**Figure 1.11 Are community members aware if the health issues and/or service needs raised with the local HAC were addressed by the hospital/health service?**



HAC members were asked what they considered to be the most effective source of information about the health needs of Aboriginal people in their community. Overwhelmingly, the most effective source of information in this regard was the Cluster Director (Figure 1.12).

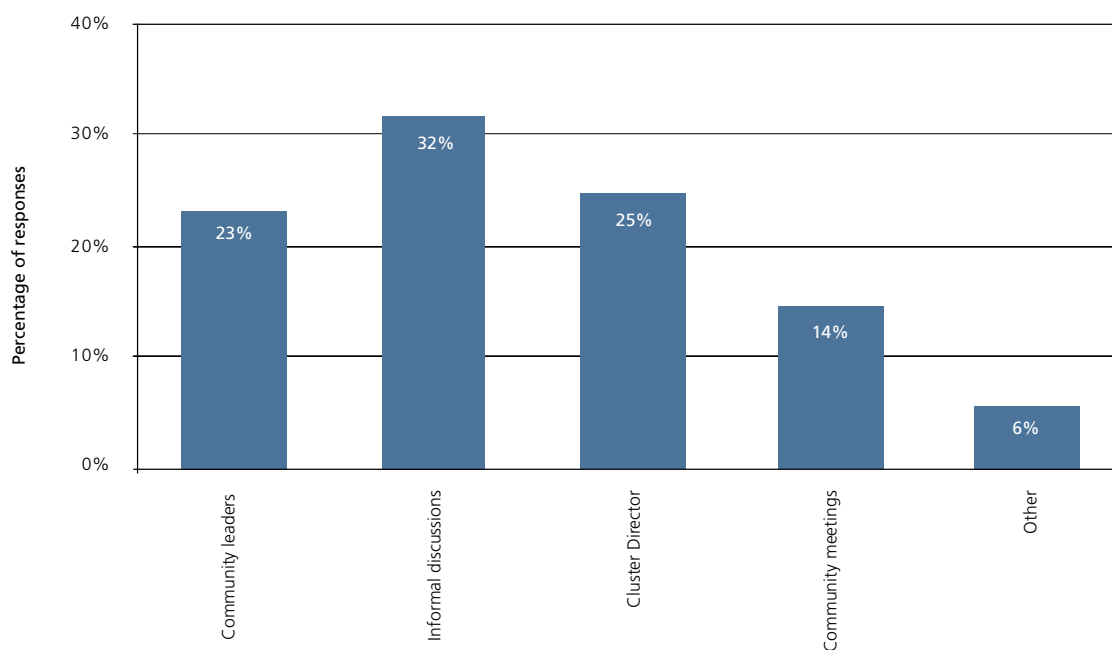
**Figure 1.12 What have been the most effective sources for collecting information about the health needs of Aboriginal people?**



*Note: Percentages do not add up to 100% due to rounding to the nearest whole figure.*

When HAC members were asked what they considered to be the most effective source of information about the health needs of people from culturally diverse backgrounds, they said the most effective was informal discussions with community leaders. Cluster Directors also rated as important sources of information (Figure 1.13).

**Figure 1.13** What have been the most effective sources for collecting information about the health needs of people from culturally diverse populations?

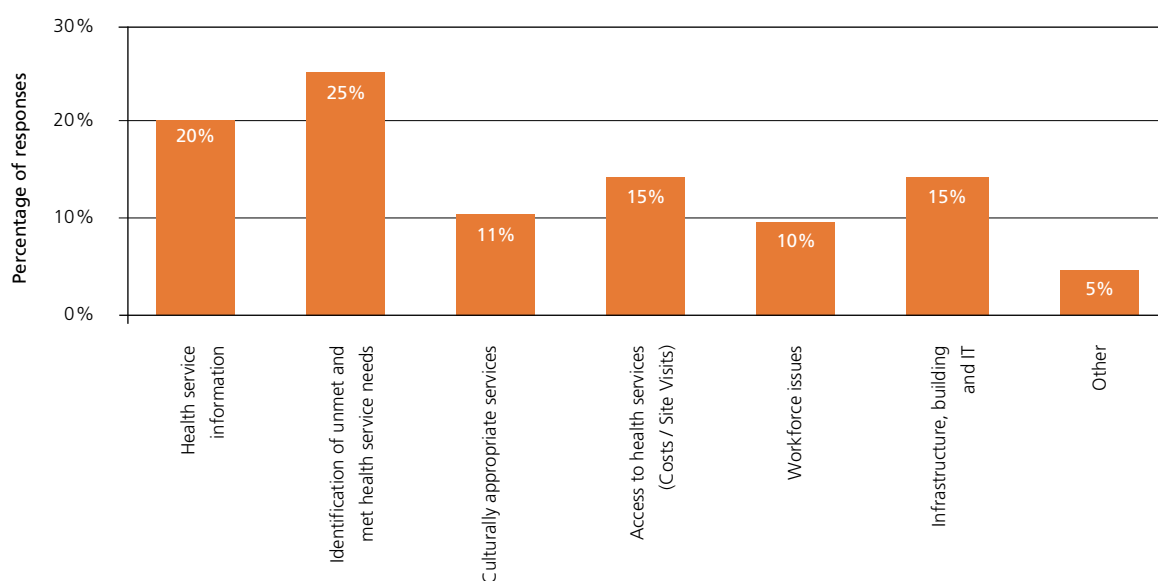


#### What did the health services say?

Health service staff were asked what information their HAC has provided to the local hospital/health service about the health service needs of their community, and how effective they thought this information was on a scale of one to 10. The information most commonly provided related to identification of met and unmet health service needs, with health service information also identified as being important (Figure 1.14).

Overall, health service staff did not regard any of the information provided as being particularly effective, with most scores recorded below average (Figure 1.15).

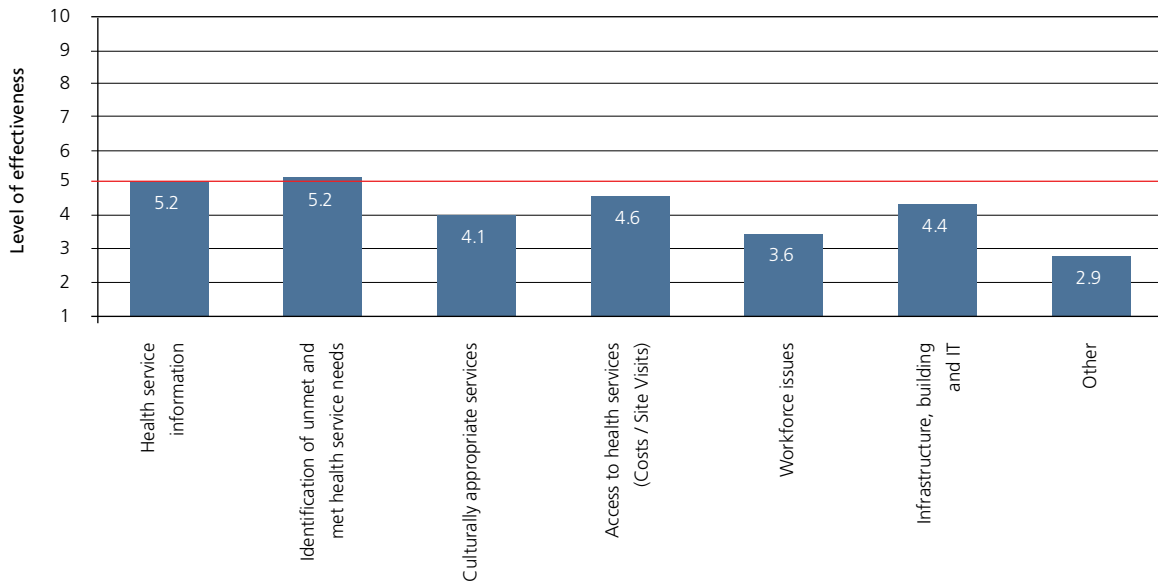
**Figure 1.14** Health service staff views – What information has the local HAC provided to the health service about health service needs of the local community?



*Note: Percentages do not add up to 100% due to rounding to the nearest whole figure.*



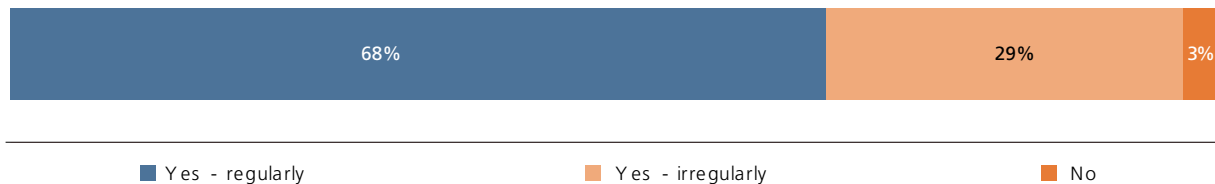
**Figure 1.15 Health service staff views – How effective was the information provided by the local HAC to the health service about the health service needs of the local community?**



It appears the HACs and health service staff have differing perceptions on what information has been provided and its value. As shown in Figure 1.15 the health service staff do not find the information as effective in promoting the health needs of the community as the HACs.

However when asked whether feedback occurs about the impact of the information provided an overwhelming majority of HACs and health service staff indicated that feedback occurred regularly (Figures 1.16 and 1.17).

**Figure 1.16 HAC views – Has your hospital/health service provided any feedback to the HAC on advice that the HAC issued?**

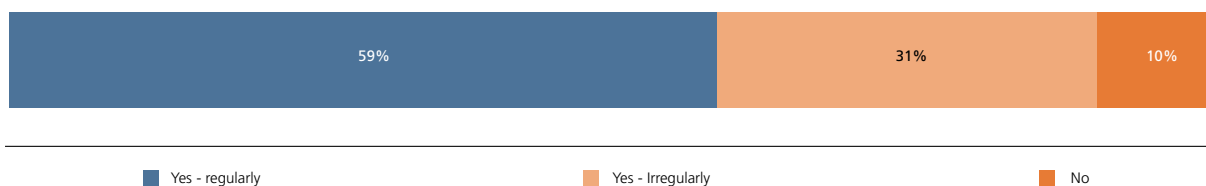


The overwhelming majority (97%) of HACs also reported that their hospital/health service had provided feedback to them on the advice they had issued (Figure 1.17). More than two thirds said this happens regularly.

The surveys included questions that allowed open feedback. The main themes were:

- > The majority of general community members are believed to remain largely unaware of the existence or role of HACs
- > HAC members claimed to feel powerless and sometimes ignored by the health system.

**Figure 1.17 Health service staff views – Has your hospital/health service provided any feedback to the HAC on advice that the HAC has issued?**



The overwhelming majority (90%) of health service staff reported that their hospital/health service had provided feedback to the HAC on the advice issued (Figure 1.16).

Table 1 summarises these open responses in rank order. The content was created by summarising each response in one or two sentences and then grouping these into themes using wherever possible the most representative wording in the responses to represent the theme.

**Table 1 Open feedback concerning effectiveness of HACs**

Stakeholder	Positive	Negative
Community	<ul style="list-style-type: none"> <li>&gt; Community concerns are addressed effectively</li> <li>&gt; HAC helps community with fundraising</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Local community unaware of existence and role of HAC</li> <li>&gt; CHSA makes decisions without consulting HAC</li> <li>&gt; HACs lack power – ‘toothless tiger’</li> <li>&gt; HAC does not engage with local community</li> <li>&gt; HACs do not adequately promote themselves to community</li> <li>&gt; Limited funding available</li> <li>&gt; No recognition of volunteer HAC members</li> <li>&gt; HACs seem confused about own role</li> </ul>
Health Service Staff	<ul style="list-style-type: none"> <li>&gt; HAC and health service providers collaborate effectively</li> <li>&gt; HAC achieves good attendance at meetings</li> </ul>	<ul style="list-style-type: none"> <li>&gt; HACs seem confused about own role</li> <li>&gt; Little visible time spent by HAC addressing community needs</li> <li>&gt; Limited funding available</li> <li>&gt; Local community unaware of existence and role HAC</li> </ul>
HAC	<ul style="list-style-type: none"> <li>&gt; Community concerns are addressed effectively</li> <li>&gt; Ten year planning was an effective tool</li> </ul>	<ul style="list-style-type: none"> <li>&gt; CHSA makes decisions without consulting HAC</li> <li>&gt; Long wait for authorisation to use funding</li> <li>&gt; Lots of talk; little action regarding plans</li> </ul>

In relation to the effectiveness of HACs, many HACs perceive the CHSA to make decisions without consulting them. Health service staff, in turn, feel the HACs lack direction and seem confused and unsure regarding their own role.

In summary, whilst HAC members have fostered good relationships with local health service providers, numerous suggestions arose as to how HACs could promote and market themselves to the community, including sending out a circular or newsletter to residents or utilising local media to advertise their achievements. It was anticipated that these actions would help remedy the perceived disconnect between HAC and their communities and assist with community engagement.

## HAC Forum Feedback

The HPC held a meeting with 50 country HACs representatives to discuss and validate the survey responses and HPC's initial conclusions. This information was validated by the 28 HACs represented at the HAC Forum and the following additional feedback was provided to support this endorsement.

Participants stated that:

- > HACs are a significant volunteer resource that is not being used to its full potential or given adequate recognition by the health system
- > HAC members value having community credibility and will therefore only want to engage in community consultation processes on health system issues that matter to the community
- > Maintaining HAC membership is an issue for some HACs with community interest in volunteering dwindling along with increased competition from other country volunteer organisations for members
- > HACs and the community are not aware of implementation or monitoring activities of the local planning process hence the 10-year plans are being viewed as meaningless
- > The HPC's review has been valuable in highlighting issues for HACs and the health system.

## Review of Documentation

The HAC annual activity reports and the local health plans reveal significant activity undertaken by HACs since their establishment in 2008.

However it is evident from the survey results that the work of HACs in promoting the local interests of the community has largely gone unnoticed.

This work includes the following examples of HAC involvement in initiatives considered to impact positively on local health services and potentially on the health of the community:

- > Ten-year local health service planning
- > Fundraising for local health service facility upgrades and other priority needs, for example, new birthing suites and multi purpose chairs for chemotherapy, recovery and close observation functions and aged care recreational resources (such as Shaded Putt Putt golf rink)
- > Upgrading and landscaping of hospital grounds and vegetable gardens
- > New facilities planning activity
- > Involvement in selection of suitable candidates for CHSA Undergraduate Scholarship Program
- > Recruitment processes of executive workforce and general medical practitioners
- > Assisted consumer access to services
- > Health Protection/Promotion Information Campaigns
- > Advocacy to government agencies, for example, Department for Transport, Energy and Infrastructure.

Fundraising has been a major focus for several HACs and their communities have responded.

*.... we are very fortunate that our community responds so generously when we go to them. It is clearly an indicator of the importance that the community places upon the hospital, and their confidence that the HAC is looking after the needs of the community....*



# Chapter 2: Stakeholder Satisfaction with Governance Arrangements

## What was the level of satisfaction?

The governance arrangements were set up to maintain a strong link between HAC and local health services so that each HAC can advocate on behalf of their communities and provide relevant advice to the Minister and Chief Executive of SA Health. The HPC reviewed how satisfied HAC and local community members and the health services were with existing governance arrangements.

The HPC found:

3. The level of satisfaction with the governance arrangements between Health Advisory Councils and the local health system from the perspective of community members, Health Advisory Councils and local health service staff is low.
4. The quality of communication and collaboration processes between Health Advisory Councils and the health system is variable across South Australian country communities.

These findings were developed from information obtained from survey and HAC Forum participants, targeted interviews and review of relevant HAC documentation.<sup>7, 8</sup>

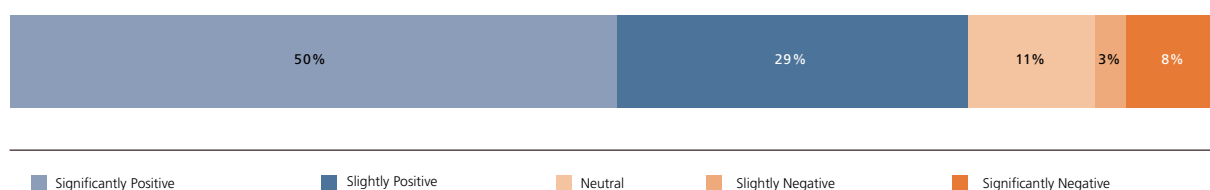
## Discussion

### Survey Results

HACs and health service staff were asked to what extent did their existing communication processes enable advice to be provided on the health needs of the local community.

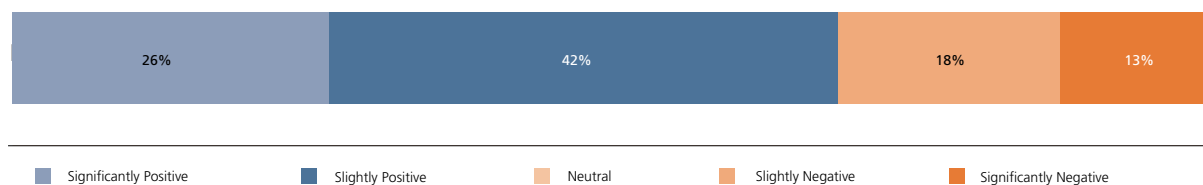
Around 80% of HACs said they were positive about the extent of the communication processes (Figure 2.1), while around 70% of health service staff responses were positive (Figure 2.2).

**Figure 2.1 HAC views – Satisfaction with governance arrangements – To what extent do the communication processes between the HAC and local health service enable advice on the health needs of local community?**



*Note: Percentages do not add up to 100% due to rounding to the nearest whole figure.*

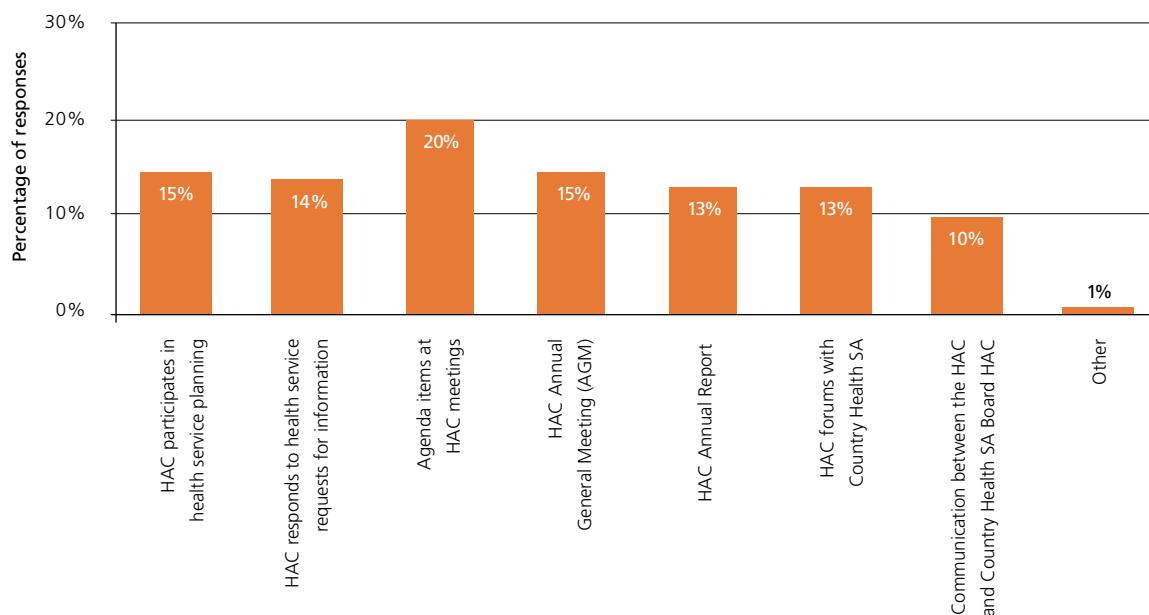
**Figure 2.2 Health service staff views – Satisfaction with governance arrangements – To what extent do the communication processes between the HAC and local health service enable advice on the health needs of local community?**



HACs were asked what processes were used between themselves and the local hospital/health service for providing advice about the health service needs of their community. They were also surveyed on how satisfied they were with these processes on a scale of one to 10.

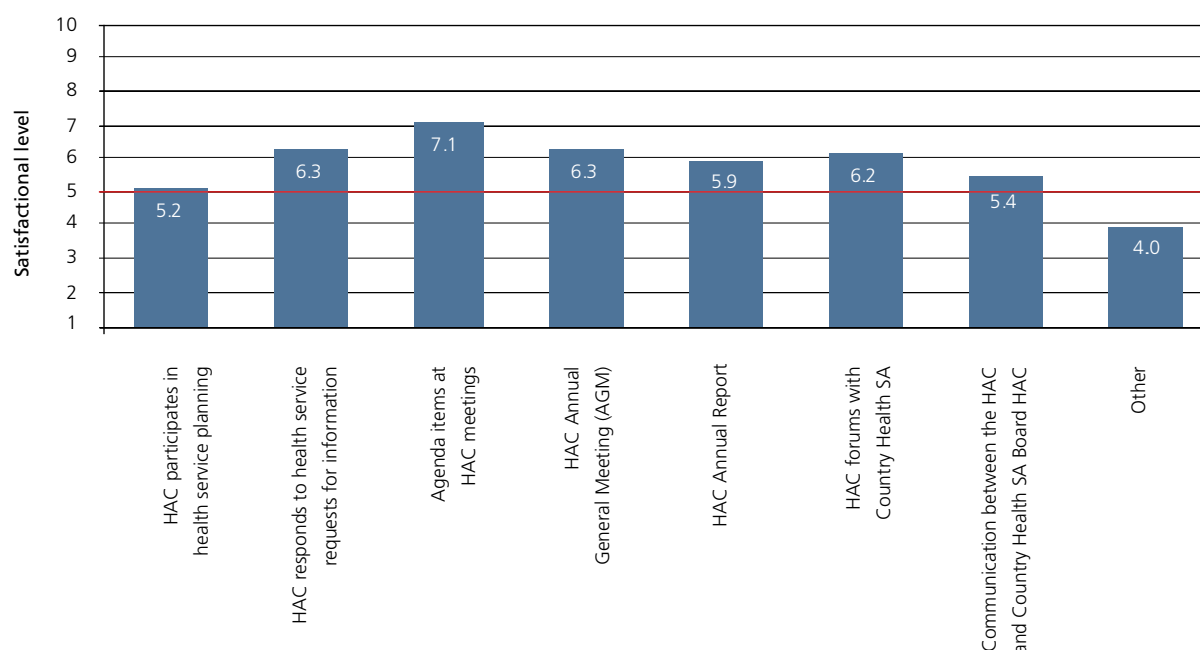
The most commonly used process for providing advice was via HAC meetings (Figure 2.3). HACs also rated this method the most satisfactory (Figure 2.4).

**Figure 2.3 HAC views – What are the processes used between local health services/hospitals and HACs for providing advice?**



*Note: Percentages do not add up to 100% due to rounding to the nearest whole figure.*

**Figure 2.4 HAC views – How satisfied are HACs with the processes used between local health services/hospitals and HACs for providing advice?**

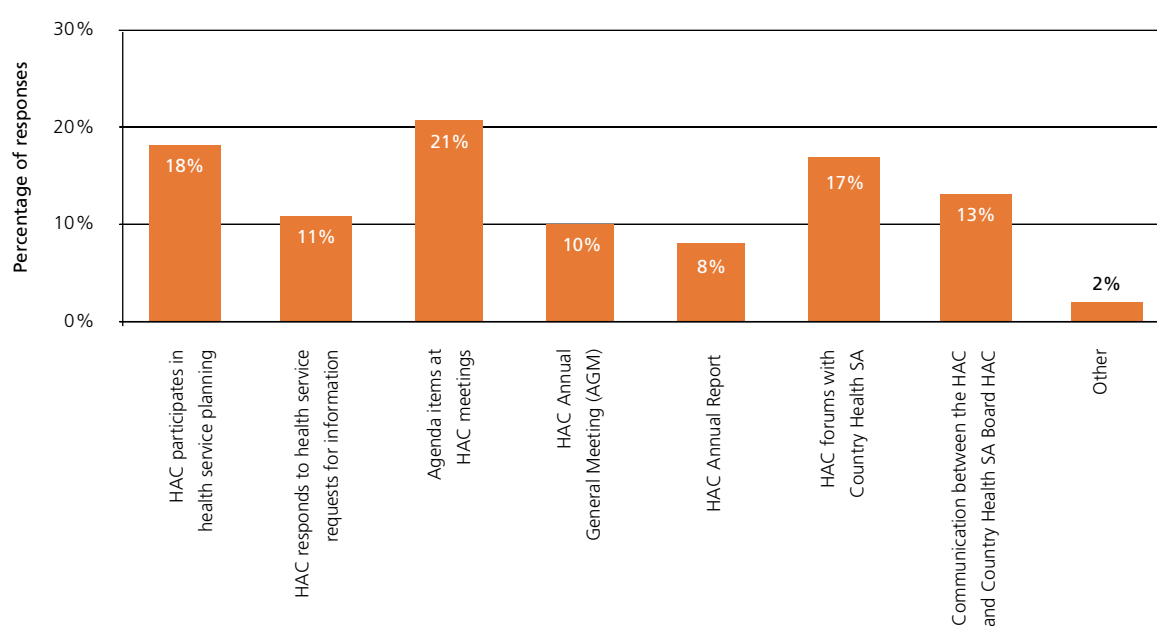


Health service staff were also asked what processes were used between their HAC and the local hospital/health service for providing advice and how satisfied they were with these methods.

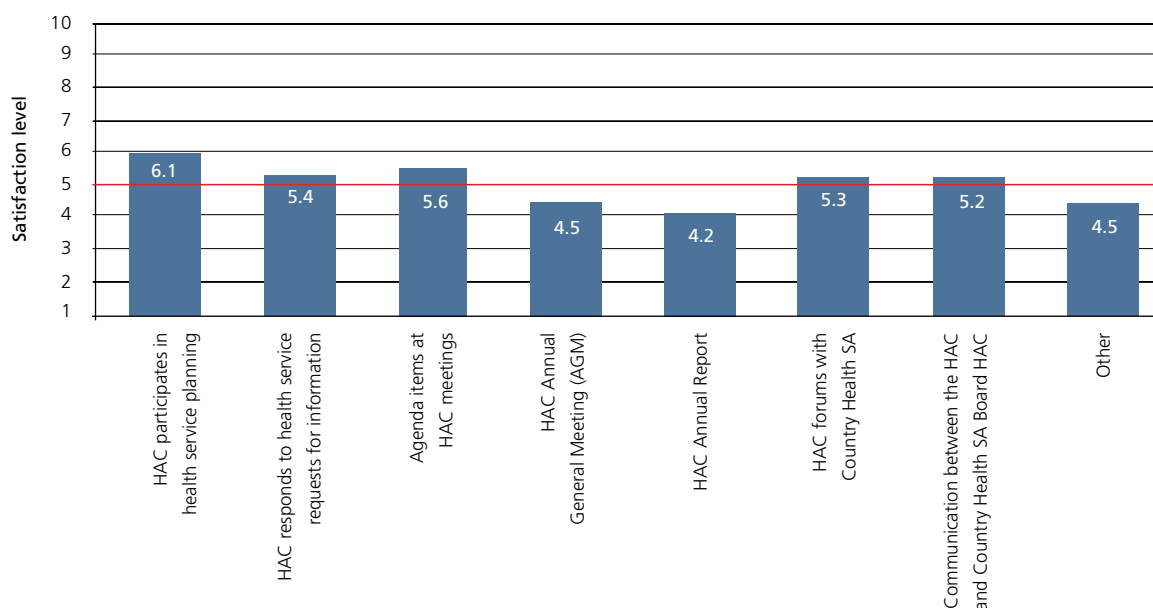
The most common process used by health service staff for providing advice was via HAC meetings with HAC participation in health service planning and forums also utilised regularly (Figure 2.5).

However, health service staff did not report any of the processes as being particularly satisfactory. The highest rated was HAC participation in health service planning with an average level of satisfaction of 6.1 out of 10. Many of the processes recorded satisfaction levels from health service staff at, or below, average (Figure 2.6).

**Figure 2.5 Health services staff views – What are the processes used between local health services/hospitals and HACs for providing advice?**



**Figure 2.6 Health service staff views – How satisfied are health service members with processes used between local health services/hospitals and HACs for providing advice?**



### Open feedback concerning satisfaction with process for engaging with, or engagements between, HACs and health services

Table 2 summarises the responses in rank order. The content was created by summarising each response in one or two sentences and then grouping these into themes using wherever possible the most representative wording in the responses to represent the theme.

**Table 2 Open feedback concerning satisfaction with governance arrangements**

Stakeholder	Positive	Negative
Community	<ul style="list-style-type: none"> <li>&gt; Executive Officer/Director of Nursing is approachable</li> <li>&gt; Community concerns are addressed effectively</li> <li>&gt; HAC interacts well with local service providers</li> <li>&gt; HAC members are approachable</li> <li>&gt; HAC achieves good attendance at meetings</li> </ul>	<ul style="list-style-type: none"> <li>&gt; HACs do not adequately promote themselves to community</li> <li>&gt; HACs lack power – ‘toothless tiger’</li> <li>&gt; Local community is unaware of the existence and role of HAC</li> <li>&gt; Confusion as to how to contact HAC</li> <li>&gt; Poor attendance at HAC meetings</li> <li>&gt; Limited funding</li> <li>&gt; HAC does not understand community needs</li> <li>&gt; HAC web site out-of-date</li> <li>&gt; City-centric decision-making</li> <li>&gt; Segregation between health service providers and HACs</li> <li>&gt; Boards were more effective</li> <li>&gt; Red tape encountered from health system</li> </ul>
Health Service	<ul style="list-style-type: none"> <li>&gt; Health Services are satisfied with their progress</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Health Services feel they have no real input in the decision-making process</li> <li>&gt; Poor attendance at HAC meetings</li> <li>&gt; City-centric decision-making</li> </ul>



Stakeholder	Positive	Negative
HAC	<ul style="list-style-type: none"> <li>&gt; HAC interacts well with local service providers</li> <li>&gt; CHSA representation at HAC meetings is important</li> </ul>	<ul style="list-style-type: none"> <li>&gt; HAC members feel they have no real input in the decision-making process</li> <li>&gt; CHSA does not seek HAC assistance</li> <li>&gt; Limited funding available</li> <li>&gt; Financial arrangements between health system and HAC need refinement</li> <li>&gt; Board HAC not adequately representing HAC views to health system</li> </ul>

In summary, HAC members have fostered good relationships with local health service providers but they and the community are dissatisfied with their lack of influence on the decision-making of CHSA and the health system.

## HAC Forum Feedback

The survey results were validated by the 28 HACs represented at the HAC Forum and the following additional feedback was provided to support this endorsement.

Participants stated that:

- > Many HAC members feel irrelevant and not valued or adequately supported by the health system despite sound working relationships with local health service personnel
- > The role of the former CHSA HAC Board and its relationship with HACs is not clear
- > The HAC 'community voice' lacks influence in centralised health system decision making processes
- > The lines of responsibility for undertaking local projects have become blurred between the HACs and the health system and need attention.

## Review of Documentation

The HAC annual activity reports and the local health plans reveal significant activity between HACs and the health system since the HACs establishment in 2008.<sup>7,8</sup>



# Chapter 3: Conclusions

This section summarises the HPC conclusions and findings on how effective the country HACs are in promoting the interests of their local communities and how satisfied HACs, communities and local health services are with the existing governance arrangements.

## Overall Findings

1. Country HACs are promoting the general interests of local communities to the health system although promotion of the interests of specific population groups is limited.
2. Country HACs have a low profile in the community and their efforts are not well supported or promoted by the health system.
3. The level of satisfaction with the governance arrangements between country HACs and the local health system from the perspective of community members, HACs and local health service staff is low.
4. The quality of communication and collaboration processes between country HACs and the health system is variable across South Australian country communities.

In reflecting on the overall findings of the review, the HPC makes the following points:

### 1. HACs achieving a high profile promoting community interests need resources and time

Review of HAC annual reports and draft local health service plans support the conclusion that HACs are an active and important link between local communities and health services.<sup>8, 9</sup>

Following their creation in 2008 HACs were required to:

- > Establish their operational procedures
- > Establish effective governance arrangements with a local health service
- > Promote themselves to their community
- > Develop effective community engagement strategies
- > Participate for the first time in the development of local 10-year plans.

It is clear that HACs have undertaken these activities and as a consequence contributed significantly to the planning activity of CHSA. However HACs faced numerous challenges in establishing their roles and it is evident that it has been and continues to be a frustrating process for them.

The HPC noted that several HACs successfully engaged in targeted fundraising activity to provide their local health services with additional resources. This was a major workload undertaken within limited resources by volunteer HAC members. In this way HACs have continued the long history of country community support and advocacy for local health services despite their actions being largely unnoticed by the community.

HACs appear to be modest when it comes to promoting their achievements and this may also account for their low profiles. A low profile makes it harder for HACs to harness community participation in local health service improvement activities.

Without further promotion by the health system and timely feedback on HAC activity and advocacy results to local communities, HACs will struggle to be seen as an effective link between communities and their health services.

## 2. HAC relationships with the health system work best when there is a clear understanding and valuing of the strategic nature and scope of the relationship by all

Establishing effective working relationships has been difficult for HACs and local health services during the current period of ongoing change to system structures, processes and personnel. For several years now there has been significant reform activity across the whole health system. The health system is dealing with increasing demand for services, health workforce shortages, governance restructures and implementation of state and national health care reforms.

HACs reported experiencing difficulty getting timely information about the changes and this has made it harder to advocate effectively for the community. HACs stated they don't always feel valued or effective in creating system improvements.

HACs expressed particular concern about the delays and lack of feedback from CHSA on the status of the 33 local health plans since they were finalised in 2010.

HACs have also faced their own challenges in finding effective ways to connect with their local community. Many country communities have faced major economic, social and climatic challenges over the last few years and this has reduced their capacity to participate in local health service improvement activities.

Despite all these factors HACs have provided local health services and CHSA with significant local community knowledge, expertise and resources. This community knowledge would be enhanced if HACs had additional support from the health system to connect effectively with specific population groups.

Overall it was evident that:

- > HACs undertake a variety of valuable functions but need a clear purpose
- > Despite dissatisfaction with the existing governance arrangements between HACs and health services there were outcomes from HACs and health services working together (See Appendix 6 for details)
- > HACs having a specific, valued and resourced role within the local health service would continue this progress
- > Governance arrangements between HACs and the health system lack clarity and are reducing the effectiveness of the link between communities and the health services
- > The governance structure between CHSA, the CHSA Local Health Network HAC Inc and the Country HACs requires clarification
- > The status of Aboriginal Health Advisory Committees needs clarification
- > Maintaining effective links between local communities and the health services is a challenge for all health systems.<sup>9, 10</sup>

HPC also concluded that there was considerable variety in the capacity of the 41 HACs when it came to identifying and responding to the strategic opportunities to participate in the improvement of local health services consistent with their roles, for example, providing advice, fundraising, participating in senior workforce recruitment processes, health and health literacy promotional events, and advocacy for general and specific population health needs.

Where HACs responded strongly to these opportunities and their value to the health system was affirmed locally, they appeared to be more positive about their role into the future, despite frustrations with the limitations of bureaucratic processes.

The HPC noted several issues that were outside the scope of the review. They included:

- > The CHSA focus on implementing major structural reforms set by the National Health Reform Agreement has left HACs feeling disengaged and unclear about their future relevance
- > SA Health, despite its Consumer and Community Participation Policy Directive (2009), is yet to develop an effective workforce culture of valuing community engagement
- > The governance changes have resulted in Aboriginal Health Advisory Committees no longer having a formal link to the local health services.

In the spirit of continuous quality improvement the HPC makes the following suggestions:

**HACs and Local Health Services:**

- > For HACs and local health services to develop joint local community engagement action plans inclusive of strategies for specific population groups, with HACs undertaking annual monitoring of implementation outcomes.

**CHSA Local Health Network HAC Inc:**

- > To clarify its ongoing relationship with HACs.

**For Country Health SA to consider:**

- > Regularly promoting to the wider country communities the value of HACs to the health system including members' contributions during 'Volunteer Week'
- > Equipping HACs to participate in the monitoring of impacts of implemented local action and statewide clinical network plans
- > Increasing the transparency of decision-making to country communities and the contribution of HACs to these processes
- > Clarifying its ongoing relationship with Aboriginal Health Advisory Committees.



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# Abbreviations

ABS	Australian Bureau of Statistics
CHSA	Country Health South Australia
DON	Director of Nursing
EO	Executive Officer
HAC	Health Advisory Council
HPC	Health Performance Council
IT	Information Technology

# Stakeholder Survey Questions

## HAC Member Questionnaire

### Section A: Satisfaction levels with governance arrangements between the HACs and the local hospital/health services

1. To what extent do the established communication processes between the HAC and local health services/hospitals enable the HAC to provide advice on the health and health services needs of local communities?
2. What are the processes used between HAC and the local health services/hospitals for providing advice about the health and health service needs of the community?
3. How satisfied are HAC members with the processes identified above? Give a score from 1 to 10 with 10 being completely satisfied and 1 being completely dissatisfied.
4. Do you have any other feedback concerning satisfaction with governance arrangements between the country HACs and relevant hospitals/health services?

### Section B: Effectiveness of the HACs in promoting the interests of their local community

1. How effective is your HAC in promoting the interests of the local community? Give a score from 1 to 10 with 10 being completely effective and 1 being completely ineffective.

#### In relation to Local Communities

2. What actions has your HAC taken to obtain information about health and health service needs of people living within the local community?
3. For those actions identified above, how effective are they in identifying the needs of the local community? Give a score from 1 to 10 with 10 being completely effective and 1 being completely ineffective.
4. Specifically for the health and health service needs of people from culturally diverse local populations what have been the most effective sources for collecting information about the health and health service needs of that community?
5. Specifically for the health and health service needs of Aboriginal people, what have been the most effective sources for collecting information about the health and health service needs of that community?

#### In relation to Health Services

6. What advice has the HAC provided to the hospital/health services about the health and health service needs of the people living within their local communities? (That is, what content)
7. For that particular advice, how effective was it in promoting the needs of the local community? Give a score from 1 to 10 with 10 being completely effective and 1 being completely ineffective.
8. Have the hospital/health services provided any feedback to your HAC on advice or information your HAC has issued?

#### General Comments

9. Do you have any other feedback concerning the effectiveness of HACs in promoting the interests of the local communities?

### Section C: Additional Information

Aside from your responses to Sections A and B of this questionnaire, do you have any other information that relates to the operations of the local HAC(s) that you consider relevant to the HPC's review scope?

## Health Service Member Questionnaire

### Section A: Satisfaction levels with governance arrangements between the HACs and the local hospital/health services

1. To what extent do the established communication processes between the HAC and local health services/hospitals enable the HAC to provide advice on the health and health services needs of local communities?
2. What are the processes used between your local health services/hospitals and HACs for providing advice about the health and health service needs of the community?
3. How satisfied are health services/hospital personnel with the processes identified above? Give a score from 1 to 10 with 10 being completely satisfied and 1 being completely dissatisfied.
4. Do you have any other feedback concerning satisfaction with governance arrangements between the country HACs and relevant hospitals/health services?

### Section B: Effectiveness of the HACs in promoting the interests of the local community

1. How effective are HACs in promoting the interests of the local community? Give a score from 1 to 10 with 10 being completely effective and 1 being completely ineffective.
2. What information have the local HACs provided to the hospital/health services about the health and health service needs of the people living within their local communities? (That is, what content)
3. For that particular advice/information, how effective was the HAC in promoting the needs of the local community? Give a score from 1 to 10 with 10 being completely effective and 1 being completely ineffective.
4. Has your hospital/health service provided any feedback to the HAC on advice that the HAC issued?
5. Do you have any other feedback concerning the effectiveness of HACs in promoting the interests of the local communities?

### Section C: Additional Information

Aside from your responses to Sections A and B of this questionnaire, do you have any other information that relates to the operations of the local HAC(s) that you consider relevant to the HPC's review scope?

## HAC Community Questionnaire

### Section A: Satisfaction with governance arrangements between the HACs and the local hospital/health services

#### In relation to HACs

1. What are the processes for you or your organisation to engage with the HAC about the health needs of the community?
2. For those processes identified above, how satisfied are you or your organisation with the processes? Give a score from 1 to 10 with 10 being completely satisfied and 1 being completely dissatisfied.

#### In relation to Health Services/Hospital

3. What are the processes for you or your organisation to engage with health services/hospitals about the health needs of the community?
4. For those processes identified above, how satisfied are for you or your organisation with the agreed processes? Give a score from 1 to 10 with 10 being completely satisfied and 1 being completely dissatisfied.
5. Do you have any other feedback concerning satisfaction with processes for engaging with the country HACs and relevant hospitals/health services?

### Section B: Effectiveness of the HACs in promoting the interests of their local community

1. How effective are HACs in promoting the interests of the local community? Give a score from 1 to 10 with 10 being completely effective and 1 being completely ineffective.
2. To what extent have you been engaged by the local HAC to determine the health needs of the community?
3. Did you raise specific health issues and service needs with the local HAC?
4. If yes, to which of the following did it relate?
5. Are you aware if these issues/service needs were addressed by the hospital/health service?
6. Do you have any other feedback concerning the effectiveness of HACs in promoting the interests of the local communities?

### Section C: Additional Information

Aside from your responses to Sections A and B of this questionnaire, do you have any other information that relates to the operations of the local HAC(s) that you consider relevant to the HPC's review scope?

# Consulted Stakeholders List

The names of the 512 individuals consulted and 269 who responded are not listed as the review was a confidential process. The names of the HACs and local health services that were consulted in the review are listed below:

Cluster Region	Corresponding HACs
Adelaide Hills Southern Fleurieu and Kangaroo Island	<ul style="list-style-type: none"> <li>&gt; Hills Area HAC Inc</li> <li>&gt; South Coast HAC Inc</li> <li>&gt; Kangaroo Island HAC Inc</li> </ul>
Eyre and Western	<ul style="list-style-type: none"> <li>&gt; Port Lincoln HAC Inc</li> <li>&gt; Lower Eyre HAC Inc</li> <li>&gt; Mid West HAC Inc</li> <li>&gt; Ceduna District HAC Inc</li> </ul>
Flinders and Outback Health Service	<ul style="list-style-type: none"> <li>&gt; Port Augusta, Roxby Downs and Woomera HAC Inc</li> <li>&gt; Hawker District Memorial HAC Inc</li> <li>&gt; Quorn Health Services HAC</li> <li>&gt; Leigh Creek HAC</li> <li>&gt; Pika Wiya HAC Inc</li> </ul>
Inner North Country	<ul style="list-style-type: none"> <li>&gt; Gawler District HAC Inc</li> <li>&gt; Barossa and Districts HAC Inc</li> <li>&gt; Eudunda Kapunda HAC Inc</li> </ul>
Lower South East	<ul style="list-style-type: none"> <li>&gt; Mount Gambier and Districts HAC Inc</li> <li>&gt; Millicent and Districts HAC Inc</li> <li>&gt; Penola and Districts HAC Inc</li> </ul>
Mallee Coorong	<ul style="list-style-type: none"> <li>&gt; Mallee Health Service HAC Inc</li> <li>&gt; Mannum District Hospital HAC Inc</li> <li>&gt; Coorong HAC Inc</li> <li>&gt; Murray Bridge Soldier's Memorial Hospital HAC Inc</li> </ul>
Port Pirie	<ul style="list-style-type: none"> <li>&gt; Port Pirie HAC Inc</li> <li>&gt; Port Broughton District Hospital and Health Service HAC Inc</li> <li>&gt; Mid North HAC Inc</li> <li>&gt; Southern Flinders HAC</li> </ul>
Riverland	<ul style="list-style-type: none"> <li>&gt; Berri Barmera District HAC Inc</li> <li>&gt; Loxton and Districts HAC Inc</li> <li>&gt; Renmark Paringa District HAC Inc</li> <li>&gt; Waikerie and Districts HAC Inc</li> </ul>
Upper South East	<ul style="list-style-type: none"> <li>&gt; Kingston Robe HAC Inc</li> <li>&gt; Naracoorte Area HAC Inc</li> <li>&gt; Bordertown and Districts HAC Inc</li> </ul>
Whyalla, Eastern Eyre and Far North	<ul style="list-style-type: none"> <li>&gt; Whyalla Hospital and Health Services HAC Inc</li> <li>&gt; Eastern Eyre HAC Inc</li> <li>&gt; Far North HAC Inc</li> </ul>
Yorke and Lower North Health Service	<ul style="list-style-type: none"> <li>&gt; Lower North HAC Inc</li> <li>&gt; Balaklava Riverton HAC Inc</li> <li>&gt; Northern Yorke Peninsula HAC Inc</li> <li>&gt; Yorke Peninsula HAC Inc</li> </ul>

# Health Performance Council Members, Deputies and Secretariat

<b>Chair</b>	Ms Anne Dunn AM
<b>Deputy Chair</b>	Ms Barbara Hartwig
<b>Members</b>	Dr Michael Beckoff Professor Justin Beilby (July 2008 to August 2011) Ms Rachel Bishop Professor Michael Kidd AM Mr Laurence Lewis AM Professor Robyn McDermott The Honourable Carolyn Pickles Dr Melissa Sandercock Mr John Singer Mr Thomas Steeples Dr Thomas Stubbs Dr Diane Wickett Mr Ian Yates AM
<b>Deputy Members</b>	Mr James Dellit (Deputy to Thomas Steeples) Mr Geoffrey Harris (Deputy to Dr Michael Beckoff) Mr Christopher Overland (Deputy to Ian Yates) Dr Michael Rice AM (Deputy to Dr Melissa Sandercock) Dr Tahereh Ziaian (Deputy to Rachel Bishop)
<b>Secretariat</b>	Ms Barbara Power – Director Mr Nicholas Cugley – Health System Analyst Ms Marcela Perez – Senior Project Officer Ms Julie Edwards – Project Support Officer

## Health Advisory Council Achievements 2008-2011

Aside from the community consultation activities conducted by all Country Health Advisory Councils (HACs) to assist the development of their Local Health Service 10-Year Plan, the HACs ongoing efforts to improve health services in their community continued throughout the review period. Below is a sample of the many activities the HACs provided to the Health Performance Council in support of their achievements.

### Adelaide Hills Health Advisory Council Inc.

- > Conducted fundraising activities for the development of a new birthing unit at Mt Barker Hospital
- > Supported the local health service in promoting the health services that are available to the local community
- > Formally acknowledged the work of the Friends of the Mount Pleasant Hospital for fundraising conducted in support of a new hospital walkway.

### Barossa & Districts Health Advisory Council Inc.

- > Co-sponsored the Country Health SA Undergraduate Scholarships (2010) and were involved in the selection and rating process.

### Ceduna District Health Advisory Council Inc.

- > Conducted fundraising in support of the redevelopment of the Ceduna District Hospital including a brand new emergency department, theatre suite, a day procedure unit, residential aged care, *GP Plus* Health Care Centre and the day activity centre.

### Eastern Eyre Health Advisory Council Inc.

- > Conducted fundraising to upgrade the Cowell Doctor's Surgery (including new car parking and gardens), redeveloped the Cowell and Cleve Hostel Gardens for the pleasure of residents, and replaced floor coverings at the Kimba resident's lounge
- > With the support of local service/community clubs, the HAC is co-sponsoring a local student in the Country Health SA Undergraduate Scholarships Program.

### Eudunda/Kapunda Health Advisory Council Inc

- > Assisted the Aged Care Hostel in its efforts to formally amalgamate with the Eudunda Hospital
- > Conducted community engagement activities resulting in the Eudunda Hospital's focus on promoting the services available to the community
- > Conducted fundraising that has resulted in the purchase of a non invasive ventilator for use in emergency situations, a verandah on the Eudunda Day Care Centre, and irrigation equipment for the community garden at Kapunda
- > Conducted a survey of youth health needs in Eudunda/Kapunda with the assistance of the local high schools. Results will be published once the analysis of survey data is complete
- > Conducted a community survey to clarify the transport needs in the area (as transportation was a priority issue arising from the 10-Year Planning process).

### Hawker Memorial District Health Advisory Council

- > Conducted fundraising to support:
  - a. a new building at the hospital site to accommodate visiting employees/doctors
  - b. the purchase of an ECG machine, a shower bed, hospital furnishings, and ongoing Occupational/Diversional Therapy for inpatients and residents of the hospital such as the recently developed sensory garden
  - c. external education of staff with up skilling in emergency and midwifery.



### Kangaroo Island Health Advisory Council Inc.

- > Conducted fundraising to support air conditioning for the acute patient rooms and replacing specialist 'scope' equipment in the operating theatre
- > Worked collaboratively with the local health and allied health service providers to produce the quarterly *Kangaroo Island* 'Healthy business' News, increasing awareness in the community of 'healthy' matters
- > Conducted one and plan to conduct more HAC meetings at different island towns to promote the HAC to community and to increase the HAC members' awareness of other health facilities on the island.

### Lower Eyre Health Advisory Council

- > Focussed on completing the following capital infrastructure projects:
  - a. Supported the building of a new \$1.2M Medical Clinic in Tumby Bay that will replace the old doctor's surgery
  - b. Refurbished the old surgery building to accommodate the Community Health Services Unit – resulting in all health services in the town now residing in the same locality
  - c. Engaged the community for funding and volunteer assistance in improving the landscaping around the local hospitals
  - d. Rallied the Cummins community to raise funds for the upgrade of bathrooms in the town's hospital
  - e. Sourced funding for the Flexible Housing Project – that is, new buildings that will provide accommodation to doctors and nursing staff in Cummins
  - f. Contacted local mining companies to seek donations for a new X-Ray Machine for one of the local hospitals.

### Loxton and Districts Health Advisory Council Inc.

- > Conducted fundraising to support:
  - a. A new birthing suite (with a double birthing bed)
  - b. A suite specifically designed for patients in the closing stages of their lives, enabling family members to stay over night with the patient
  - c. Two new chemotherapy chairs (that can also function as close observation chairs and recovery chairs) enabling some cancer patients to receive specialist care in Loxton rather than travelling to Adelaide
  - d. Upgrading of gardens in the Aged Care Unit resulting in the installation of a putt putt golf rink (with shade sails), and a raised level vegetable garden.

### Mid North Health Advisory Council

- > Used existing HAC funds to:
  - a. Purchase digital televisions for the hospital (in advance of the analogue signal being switched off); a 'bili-blanket' to help with care of jaundices babies; upgrades to hospital grounds; and an electronic link between buildings some distance apart
  - b. Co-fund a 2010 Country Health Undergraduate Scholarship (with members of the HAC participating in the selection of 2011 scholarship recipients)
- > Formally submitted comments on the National Health Reform and the Australian Government's Patient Assistance Transport Scheme
- > Obtained approval for the replacement of floor covering in the Jamestown Hospital
- > In collaboration with the local health service, is seeking funding for structural improvements to the facilities at Peterborough to support the needs of the ageing community.

### The Murray Bridge Soldiers' Memorial Hospital Health Advisory Council Inc.

- > Developed an extensive community engagement plan to ensure Aboriginal community members as well as those from culturally and linguistically diverse backgrounds have ongoing access to feedback mechanisms pertaining to their health service needs
- > Using the Local Health Service 10-Year Plan as a starting point, the HAC is represented in the task group formed to establish the priority focus areas for the next three years
- > Participated in the selection of a Country Health SA Undergraduate Scholarship recipient
- > Conducted fundraising resulting in the development of the Rotary Gazebo and the Palliative Care outdoor area.

### Port Augusta, Roxby Downs, Woomera Health Advisory Council

- > Participated in the selection of a Country Health SA Undergraduate Scholarship recipient.

### Waikerie and Districts Health Advisory Council Inc

- > Participated in the selection of a Country Health SA Undergraduate Scholarship recipient
- > Developed an extensive community engagement plan to ensure Aboriginal community members have ongoing access to feedback mechanisms pertaining to their health service needs.



## For more information

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If you do not speak English, request an interpreter from SA Health and the Department will make every effort to provide you with an interpreter in your language.



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